

CARE Program 30-Day Follow-Up Form

1. A. Customer's Name: _____ B. AAA #: _____

C. Follow-up Completed by: _____ D. Date of 30-day Follow-up: _____

E. Date of CARE Assessment: _____ F. Date of Data Entry: _____

G. Planned brief NF stay? ☐ Y ☐ N H. Person contacted: _____

I. Title / Relationship to Customer: Customer / Caregiver / Family member / Guardian / NF staff / Other

2. Please check below the customer's location at the time of the 30-day follow-up phone call.

_____ A. Deceased _____ C. Moved out of State _____ E. Nursing Facility
_____ B. Hospital _____ D. Unable to locate _____ F. Community

2.F.a. If in Community, did the customer enter a NF after the CARE assessment was completed? ☐ Y ☐ N

3. Customer's choice for LTC services.

_____ A. In the community with no services
_____ B. In the community with services
_____ C. In a residential or boarding home
_____ D. In a nursing facility
_____ E. In a nursing facility, but customer would like to move back to the community and needs 90-day follow-up call.

4. If the customer is in the community without services, why?

_____ A. Necessary services do not exist _____ B. Customer chose not to receive services
_____ C. Customer cannot afford services _____ D. Customer is waiting for services
_____ E. Customer has informal support services _____ F. Customer does not need services

5. Did you have any help at home before you went into the nursing facility? ☐ Y ☐ N

6. If additional help had been available, could you have stayed in your home? ☐ Y ☐ N

7. Does customer want further assistance? ☐ Y ☐ N

8. If yes, list those services needed:

Service Code	Availability	Service Code	Availability	Service Code	Availability